

**CITY OF GALVESTON**  
**GRANTS & HOUSING DEPARTMENT**

P.O. Box 779  
Galveston, Texas 77553  
Office (409) 797-3820  
Fax (409) 291-4553

**CONTRACTOR APPLICATION**  
**HOUSING REHABILITATION**  
**PROGRAM**



## CONTRACTOR APPLICATION HOUSING REHABILITATION PROGRAM

COMPANY NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

FEDERAL ID #/ SOCIAL SECURITY # \_\_\_\_\_

TDL# \_\_\_\_\_

BUSINESS ADDRESS (Street address required if you use a P.O. Box)

\_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

1. How long have you been in the contracting business? \_\_\_\_\_

2. Has your company ever worked under a different name? \_\_\_\_\_

If so, please list other names. \_\_\_\_\_

3. Are you a sole proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_

List additional owners if answer is "No"

\_\_\_\_\_

4. Is the business incorporated? \_\_\_\_\_

5. What do you consider your specialty? \_\_\_\_\_

6. Have you ever worked on any government-funded project? \_\_\_\_\_

Have you ever worked for HUD? \_\_\_\_\_

Please list dates, locations, amount of funds & what jurisdiction was responsible for the project:

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7. Have you ever been debarred from participating in any Federal program?

☐ Yes      ☐ No

If yes, please explain: \_\_\_\_\_

---

8. What is the smallest project you have ever completed as a general contractor?

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9. What is the largest project you have ever completed as a general contractor?

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10. Have you ever defaulted on a contract?

☐ Yes      ☐ No

If yes, please explain: .

---

11. Have you ever failed to complete any project that was awarded to you?

☐ Yes      ☐ No

If yes, please explain:

---

12. Have you ever completed a project requiring bonding? \_\_\_\_\_

List largest amount you have been bonded for \_\_\_\_\_

Name & address of bonding company \_\_\_\_\_

---

13. How many full time employees do you have? \_\_\_\_\_

14. Please list your three most recent projects including those not completed.

Client name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Client phone \_\_\_\_\_ Amount of project \_\_\_\_\_

Job address: \_\_\_\_\_

Client name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Client phone \_\_\_\_\_ Amount of project \_\_\_\_\_

Job address: \_\_\_\_\_

Client name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Client phone \_\_\_\_\_ Amount of project \_\_\_\_\_

Job address: \_\_\_\_\_

15. Please list the three subcontractors you use on a regular basis.

Sub Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Type of Trade \_\_\_\_\_

Sub Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Type of Trade \_\_\_\_\_

Sub Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Type of Trade \_\_\_\_\_

16. Please list two suppliers from whom you purchase most of your supplies.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

17. Please list two financial institutions with which you have established credit.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

18. Are you a member of any professional organizations? \_\_\_\_\_

Please list. \_\_\_\_\_

\_\_\_\_\_

19. Do you carry comprehensive liability insurance? ☐ Yes ☐ No **(Required)**  
Do you carry workman's comprehension insurance? ☐ Yes ☐ No **(Required)**  
Do you carry auto insurance? ☐ Yes ☐ No **(Required)**

If Yes, please provide a copy of Insurance Certificate.

20. Do you or any of your employees or subcontractors have a problem working in an owner-occupied structure? ☐ Yes ☐ No

21. Are you a Lead Based Paint Firm? ☐ Yes ☐ No

If Yes, please provide a copy of the Certification.

22. Do you or any of your employees or subcontractors certified in Lead Based Paint as a lead based paint Abatement worker or supervisor?    ☐ Yes    ☐ No

If Yes, please provide all copies of the certificates.

**I CERTIFY THAT THE INFORMATION I HAVE COMPLETED ON THIS APPLICATION IS TRUE AND COMPLETE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The City of Galveston's **Grants & Housing Department** reserves the right to verify any or all of the information given above by the contractor. This includes but is not limited to the suppliers, subcontractors, firms, and/or references listed above. By signing below, the contractor authorizes the above city to request and obtain any information it deems necessary to determine whether or not the contractor will be placed on its list of prospective bidders eligible to perform rehabilitation work under any/all of the city's rehabilitation programs which are funded in whole or in part with Federal funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND  
SUBMIT WITH APPLICATION**

1. Is **APPLICANT** certified as a Contractor with any other City Department or government agency?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, supply name of department or agency, areas and date of certification. Label this Exhibit 1.

2. Does **APPLICANT** have a **PARENT, SUBSIDIARY**, and/or **AFFILIATE** of the City of Galveston?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, give name and relationship.

3. Has **APPLICANT**, or any officers of the **APPLICANT** ever been involved in **BANKRUPTCY** or **INSOLVENCY** proceedings or have liability for **OUTSTANDING JUDGEMENTS**?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide details. Label this Exhibit 2.

4. Is the **APPLICANT** or any officer of the **APPLICANT** involved in any pending **LAWSUITS**?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide details. Label this Exhibit 3.

5. Does the **APPLICANT**, or any member of the **APPLICANT'S** household, or anyone who owns, manages, or directs **APPLICANT** business also work for the Department of Housing and Community Development?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide details. Label this Exhibit 4.

**City of Galveston**  
**Grants & Housing Department**  
Credit Verification Form

**To Be Completed by the Applicant:**

Date: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, have given your name as a *financial institution* with whom I have had recent financial transactions. Please supply the City of Galveston's Grants and Housing Department with the requested information below. Any information given will be kept in strict confidence, and will not be used for any purpose other than to determine my financial rating.

**Signature of account holder(s):**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**TO VERIFYING BANK:** Please furnish the following information requested below and fax it back to our office at (409) 291-4553. Your assistance is greatly appreciated.

**Verification of Deposit Accounts:**

Account Name	Type	Date Opened	Six (6) Month Average	NSF Account #/Month	Satisfactory Yes or No

**Verification of Lines of Credit:**

Type of Credit Line	Approved Amount	Current Balance	Available Balance	Satisfactory Repayment Habits Y/N	Secured Yes or No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**City of Galveston**  
**Grants & Housing Department**  
Credit Verification Form

**To Be Completed by the Applicant:**

Date: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, have given your name as a *financial institution* with whom I have had recent financial transactions. Please supply the City of Galveston's Grants and Housing Department with the requested information below. Any information given will be kept in strict confidence, and will not be used for any purpose other than to determine my financial rating.

**Signature of account holder(s):**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**TO VERIFYING BANK:** Please furnish the following information requested below and fax it back to our office at (409) 291-4553. Your assistance is greatly appreciated.

**Verification of Deposit Accounts:**

Account Name	Type	Date Opened	Six (6) Month Average	NSF Account #/Month	Satisfactory Yes or No

**Verification of Lines of Credit:**

Type of Credit Line	Approved Amount	Current Balance	Available Balance	Satisfactory Repayment Habits Y/N	Secured Yes or No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City of Galveston**  
**Grants & Housing Department**  
Credit Verification Form

**To Be Completed by the Applicant:**

Date: \_\_\_\_\_

Name and address of supplier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, have given your name as a ***supplier*** with whom I have had recent financial transactions. Please supply the City of Galveston's Grants and Housing Department with the requested information below. Any information given will be kept in strict confidence, and will not be used for any purpose other than to determine my financial rating.

**Signature of account holder(s):**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**TO VERIFYING SUPPLIER:** Please furnish the information requested below and fax it back to our office at (409) 291-4553. Your assistance is greatly appreciated.

**Account Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Date(s) of Credit	Amount of Credit	Present Balance	Satisfactory Repayment (Y or N)
-------------------	------------------	-----------------	---------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City of Galveston**  
**Grants & Housing Department**  
Credit Verification Form

**To Be Completed by the Applicant:**

Date: \_\_\_\_\_

Name and address of supplier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, have given your name as a ***supplier*** with whom I have had recent financial transactions. Please supply the City of Galveston's Grants and Housing Department with the requested information below. Any information given will be kept in strict confidence, and will not be used for any purpose other than to determine my financial rating.

**Signature of account holder(s):**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**TO VERIFYING SUPPLIER:** Please furnish the information requested below and fax it back to our office at (409) 291-4553. Your assistance is greatly appreciated.

**Account Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Date(s) of Credit	Amount of Credit	Present Balance	Satisfactory Repayment (Y or N)
-------------------	------------------	-----------------	---------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# City of Galveston



Purchasing Department  
P.O. Box 779  
Galveston, Texas 77553

Dear Vendor:

Internal Revenue Service regulation require that the City of Galveston file Form 1099-Misc. statement for recipients of miscellaneous income resulting from rents, royalties, fees and compensation for services rendered Totaling \$600.00 or more during a calendar year.

In order to comply with the IRS rules, please complete the attached form W-9 and furnish us with the following information. Failure to respond immediately to this request may result in your business being removed from our Approved Vendor List.

1. Are you (your business) incorporated? Yes\_\_\_\_\_ or No\_\_\_\_\_
2. Please check the item(s) that best describes the type of Transactions for which payments are made to you:

☐ Merchandise Only

☐ Rents

☐ Materials & Service

☐ Royalties

☐ Professional fees

☐ Others (describe)

☐ Commissions

\_\_\_\_\_  
\_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).  
**However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+		+			
or								
Employer identification number								
	+							

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

9. A futures commission merchant registered with the Commodity Futures Trading Commission;
10. A real estate investment trust;
11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
12. A common trust fund operated by a bank under section 584(a);
13. A financial institution;
14. A middleman known in the investment community as a nominee or custodian; or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

